

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | 32 | 2/6 |
| FORMALITY REVIEW | <i>[Signature]</i> | 1027 | 03/27/01 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | 110 | 7/9/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 10/15/00 |
| 2 | 10/15/00 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

44-21 1/92-93

03/27/01